

**Michigan Tobacco Quitline
Request for Proposals 2011
Bidder Questions and Answers**

- On page 5 you state “Intake should be available 24 hours a day, 7 days a week and counseling must be available a minimum of 15 hours a day Monday-Friday.” Do you require Intake staff to be available 24/7, or would online enrollment during the non-business hours of a quitline meet this requirement?
 - a. *Intake should be available 24/7. If it is not, please indicate times intake is open and response time for messages left in voice mail or email.*
- On page 5 you state “Offer up to an eight week course of treatment for eligible callers who enroll in the quitline program.” On page 4 of the proposal you define the 3 NRT programs previously offered through the Michigan Quitline. Do you want the budget on page 13 to include NRT for all enrolled participants for 12 months or will you define specific timeframes for offering NRT?
 - a. *Give pricing for 8 weeks of NRT for eligible callers only. Eligible callers include the uninsured, Medicaid ABW callers and Medicare.*
- On page 5, you state the vendor “Must have the capacity to receive a minimum of 2,500 calls and 1,500 enrollments per month from Michigan residents.” Do expect that the 1,000 callers not enrolled are those callers who want information only (proxy callers, friends or family, those who are not ready to quit, healthcare providers, etc), or do the 1,000 other callers include those who missed their scheduled counseling call and are calling back to talk with a Counselor?
 - a. *These callers are unique callers. They include proxies, those not ready to quit, health care providers and those not qualified for either counseling or NRT.*
- Are the current contracts for Medicaid Managed Care Plans with your current vendor and if so, will these be termed if you select a new Quitline vendor so the new vendor can facilitate new contracts?
 - a. *The Managed Care Plans sign business associate agreements with our quitline vendors. The Plans get a discount per enrollee based only on their participation with the vendor contracted with the State of Michigan. They are encouraged not to sign agreements outside of the timeline of the State contract as they will lose their discount. The Plans will receive communication from the State of Michigan shortly after the vendor is selected to ensure that they have time to make arrangements to switch to the new state vendor if they desire.*
- Of the Tobacco Control Program budget of \$2,598,400 shared on page 3, what is the \$ amount allocated annually to the Michigan Tobacco Quitline?

- a. *The \$2,598,400 refers to state funding only. Additional funds, which vary year-to-year, come from the CDC. Currently, the quitline funding is around \$1,000,000 total.*
- Do you require special educational materials for African-American, Arab-American, and visually impaired or are those just examples given on page 6? If there are not materials in the public domain, would you allow a new vendor a timeframe to develop these materials?
 - a. *These are examples. Please provide samples of any materials you use for any special populations.*
- Where Michigan Tobacco Quitline outcomes evaluation is referenced in Sections 4.1(J) and 6.1(K):
 - In their Issue Paper titled *Measuring Quit Rates*, the North American Quitline Consortium (NAQC) recommends conducting follow-up surveys to measure quit rates seven months following quitline enrollment. In Section 6.1(K) of the RFP, there are references to conducting follow-up surveys to measure outcomes (both abstinence and satisfaction rates) four months following quitline enrollment in addition to seven months following quitline enrollment. Would MDCH be amendable to following current NAQC recommendations and only receiving outcomes data seven months following quitline enrollment?
 - a. *Seven month outcomes are acceptable although both 4 and 7 are preferred.*
 - If MDCH would like both four and seven month follow-up surveys, would MDCH like seven month follow-up surveys completed with the same participant sample as the four month follow-up surveys (so that this same group is assessed at both four and seven months following quitline enrollment), or is the intention that these will be separate evaluations at four and seven months using a different participant sample for each follow-up survey?
 - a. *The same participant sample is preferred.*
 - Please clarify what outcomes analyses are expected to be reported on in April and October of each contract year. Would MDCH like this report to include analyses of additional variables beyond an overall abstinence rate and satisfaction rate for all quitline enrollees?
 - a. *Overall abstinence rate as well as a breakdown of abstinence rates by those who enrolled in counseling, those who enrolled and received NRT and those who enrolled and completed 4 sessions.*
 - Based on a launch date of October 1, 2011, the first sample of four month follow up surveys would begin in February 2012. The first of the seven month follow up surveys would begin in May 2012. An April 2012 report would only include four month follow up surveys from two months of participants. Would MDCH like to receive an initial four month outcomes report with data on two months of

enrollees or would MDCH be amenable to revising the due date for this initial four month outcomes report to include data on a larger sample of enrollees?

a. *Due to our need to report to our legislature, we would need the short report with two months data.*

- Does MDCH want to include youth callers (ages 13-17) in both the four month and seven month follow-up surveys?

a. *Preferable but not required.*

- Would MDCH like four and seven month follow-up surveys completed on non-English speaking participants?

a. *Not required.*

- 2) Section 6.0, Narrative Instructions, states that the “narrative and outline should reflect Part 4, Scope of Work.” The ordering of the specifications in Section 6.1, Narrative Specifications, however, is one letter out of sync with the Performance Standards described in Section 4.1. Is it acceptable to follow the order specified in Section 6.1?

a. *Follow the order in 6.1.*

- 3) Where the Michigan Tobacco Quitline budget is referenced in Section 6.1(N):
- The RFP asks for a budget based on a fee for service model. Would MDCH be amenable to revising the Budget Template on page 13 to include the intended number of units served for Intake and Registration, Counseling, and NRT for all bidders to use when providing their budget, thus allowing for an equal budget comparison across all bidders?

Below is a proposed example of this section of the Budget Template for your consideration based on projected numbers served from Section 3.3.

Services	Number of Units
Intake & Registration	5,500
Counseling	3,750
Nicotine Replacement Therapy (NRT)	1,500

a. *This format is acceptable*

- Section 4.0 states that the “successful bidder must offer an 8 week supply of NRT to callers who enroll in the quitline and are uninsured.” If a revised Budget Template is not included with the intended number of units served for NRT, would MDCH be amendable to revising the Tobacco Related Disparities in Cigarette Use Among Adult Population Groups table in Section 3.1 to include an estimate of the percentage of adult tobacco users in Michigan who are uninsured, thus allowing for an equal estimate of the percentage of callers provided with NRT across all bidders?

a. *Approximately 10% of Michigan residents are uninsured.*